STATE REPRESENTATIVE
Garey Bies
1ST ASSEMBLY DISTRICT
COMMITTEE ON CORRECTIONS AND THE COURTS

Written Testimony of Representative Garey Bies
Senate Committee on Health, Human Services, Insurance, and Job Creation
Senate Bill 246 – Mental Health Access

Good morning Chairman Erpenbach, committee members. Thank you for taking the time to allow me to come before you to testify on Senate Bill 246.

I introduced this legislation at the request of the National Association of Social Workers. I will leave to their representatives to speak to the details of the legislation, but before I yield, I would like to mention just a couple of points.

First, Senate Bill 246 aims to increase access to mental health services by allowing licensed clinical social workers and therapists to be reimbursed by insurance carriers or by Medicaid for services provided to consumers outside of a state regulated mental health clinic. By increasing the locations where licensed mental health providers can provide their services, consumers will consequently have greater access to those services. This expansion of services will also provide more choices for consumers as consumers will have more options to consider when selecting where to seek services. I would argue that it is possible that with this greater consumer choice there may be some competition among service providers resulting in reduced costs.

Second, this legislation can benefit hundreds of small businesses in Wisconsin. Many of the small clinics that provide mental health services face a significant burden from the requirements placed upon them in order to meet state certification. But these small clinics have no other choice for they risk losing insurance coverage for their services if they lose state certification. Senate Bill 246, by removing the requirement that a licensed therapist render service in a state certified clinic, will allow these small businesses to avoid unnecessary costs - savings that may then be realized through consumer choice. I would point out that Wisconsin is one of only 2 states that have this certified clinic requirement. Clearly it is an unnecessary requirement.

I would conclude my remarks saying that I understand that there continues to be some disagreement over the estimated fiscal impact of this legislation. I will let the speakers following me to go into further detail on this issue but I will say that even with the possible increase in costs this is good legislation and I would hope that committee members will support Senate Bill 276.

Thank you.

First for Wisconsin!

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TESTIMONY PROVIDED BY RUTH ANN BERKHOLTZ AND MARC HERSTAND ON BEHALF OF SENATE BILL 246 ON JANUARY 24, 2008 BEFORE THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Thank you for this opportunity to testify on Senate Bill 246. We are speaking on behalf of the Wisconsin Chapter of the National Association of Social Workers which represents over 2300 social workers in every region of Wisconsin. Approximately 50% of our members serve as licensed clinical social workers.

Senate Bill 246 will modify state law by adding licensed clinical social workers, marriage and family therapists and professional counselors to Wisconsin Statute 632.89, to allow these mental health professionals to receive insurance reimbursement for mental health services outside of a state regulated outpatient mental health clinic. This bill also modifies other provisions of state law to allow licensed clinical social workers, marriage and family therapist and professional counselors to receive Medicaid reimbursement for mental health services outside of state regulated outpatient mental health clinics.

The bill has three main purposes. First it eliminates duplicative regulation that currently exists for licensed clinical social workers, marriage and family therapists and professional counselors in Wisconsin. Although these professions have been regulated since 1992 by the Department of Regulation & Licensing, they have also continued to be regulated by the Department of Health and Family Services for their work in outpatient mental health clinics.

Second this bill would decrease costs for hundreds of small businesses in Wisconsin that provide mental health services to Wisconsin residents. In addition to annual clinic costs, most clinics pay thousands of dollars for supervision that would not be required under Department of Regulation & Licensing rules. They also spend countless hours dealing with extensive paperwork to retain this unnecessary oversight. With the possible exception of Michigan, Wisconsin is the only state in the United States where licensed clinical social workers are not guaranteed insurance reimbursement outside of a state certified clinic and have to deal with this costly and onerous dual regulatory oversight.

Third this bill should increase "consumer choice" and access to mental health services for some Medicaid clients by allowing licensed clinical social workers, marriage and family therapists and professional counselors to provide services outside of state regulated outpatient mental health clinics. Some Medicaid clients may prefer to see a therapist outside of an outpatient mental health clinic, believing their privacy could be better protected at a less public setting. In cases where clients lack transportation, allowing licensed mental health professionals to

receive reimbursement outside of a state regulated clinic could provide more access to services, particularly in rural areas.

As I mentioned earlier, to the best of our knowledge every state in the United States with the exception of Michigan and Wisconsin have insurance reimbursement and approximately 50% of the states have the Medicaid reimbursement provision. Illinois just passed its Medicaid reimbursement bill unanimously. Minnesota has had both provisions of this bill for decades.

I would now like to address the fiscal note for this bill. The Department of Health and Family Services is estimating that this bill would cost the State of Wisconsin $648,200 in general purpose revenue. Although this is a tiny percentage of the overall Medicaid budget, we believe this bill could save the state money or be fiscally neutral. First of all, the fiscal notes' reference to physician referrals serving a "gate keeper" function does not fit with our experience in the field where primary care physicians and psychiatrists usually appreciate having their patients seen for psychotherapy and rarely, if ever, decline a referral. Actually referrals go back and forth because some people come to a LCSW, w/o a physician/psychiatrist, and are referred for a medical/psychiatric evaluation and treatment. Since it is not serving this gate keeping function, it ends up being unnecessary paperwork and a waste of professional time.

Secondly, although we don't have access to DHFS's budget for clinic certification unit, we think the State should save money if most of the 700 private clinics, now certified, opt out with the passage of AB463. This should save money going for staffing, transportation, supervision, and supplies for the surveyors visiting these clinics.

Thirdly, the note indicates that any time oversight decreases, MA utilization increases and the 200-600% increase in use of glucose monitors was given as an example. While durable medical supplies aren't the same as psychotherapy services, I would contend that the appropriate use of these machines could save money if lab, hospital, and ER costs went down if diabetics were using their machines. Similarly, mental health services, delivered when needed, can decrease overall medical costs—including hospitalizations and ER visits. Many primary care physicians refer patients because their emotional problems are affecting their general health. I have sat on the Task Force on Integrated Healthcare sponsored by the WI Mental Health Association and DHFS over the past couple years. The efficacy of including mental health care as an integral part of overall health care is well established and even espoused by DHFS.

Finally, the last paragraph of the fiscal note just isn't accurate, at least in the experience of my colleagues and me. Managed care companies do not depend on DHFS clinic certification. Many do their own on site visits and out of state managed care personnel have told me that WI is the only state that has the state

clinic certification. They use it only because they can—i.e. to eliminate providers. What they DO depend on for credentialing is licensure!

In summary, I wish I could tell exactly how much SB 246 would save/cost. I know it gives regulatory relief to small business owners running mental health and substance abuse clinics all over our state-- allowing them to devote that time to their profession of helping people.

One concern that has been raised about this bill is the issue of patient rights. Over the last several months we have held a number of meetings with consumer groups, including NAMI Dane County, which has endorsed the bill, Mental Health America, Grass Roots Empowerment and Disability Rights Wisconsin. Grass Roots Empowerment and Disability Rights Wisconsin have raised concerns about the possible loss of patient rights protections in State Statute 51.61, confidentiality of records in state statute 51.31 and the grievance procedure in State Statute 51.61. In terms of the confidentiality of patient records we have agreed to amend the bill to add licensed mental health professionals and licensed psychologists operating outside of an outpatient clinic as covered by the treatment records provision of State Statute 51.3l. In terms of general patient rights protection found in State Statute 51.61, we have learned that licensed mental health professionals providing mental health services are covered even if they are working outside an outpatient mental health clinic.

In terms of the grievance procedure concern, aside from DHFS's grievance procedures, currently clients have access to the grievance procedures of the Department of Regulation & Licensing, the grievance procedures of the professional association of the practitioner, and the grievance procedures of the insurance company paying for the service. In a November 9, 2007 memo from James Yeadon with the Department of Health and Family Services, Mr. Yeadon indicated that for practical reasons, independent practitioners were left out of the state grievance procedure when it was developed in 1995. He said they decided at that time that any complaints about independent practitioners would have to be dealt with by their licensing agency, which would be the Department of Regulation & Licensing. He also said that he thinks the same reasoning should apply today-that any good therapist will try to work out any problems the client is having with them. The client can file a complaint with licensing if they believe any rights are violated by the therapist.

We agree with Mr. Yeadon's comments. We are not aware of any clinical social worker that does not have some kind of internal and external grievance procedure. Despite Mr. Yeadon's comments, in a later memo DHFS has expressed concern that these licensed mental health professionals will no longer be subject to DHFS's grievance procedure.

At the request of Dianne Greenley with Disability Rights Wisconsin we have added an additional amendment related to the grievance procedure. This

amendment specifies the requirements of a grievance procedure provided to clients.

In terms of overall patient protection, I have attached a handout with this testimony that lists all the requirements to become a licensed clinical social worker in Wisconsin. In my fifteen years of attending meetings of the Social Workers Section at the Department of Regulation & Licensing I have learned that Wisconsin is one of the strictest states in the United States in terms of obtaining clinical licensure. There are licensed clinical social workers from other states who come to Wisconsin who do not receive reciprocity licensure because their standards are not as strict as those of Wisconsin. In Wisconsin, prior to becoming a licensed clinical social workers someone will need to pass two national exams and one state exam, complete a graduate clinical social work internship of 900 hours, complete 3,000 hours of supervised clinical social work practice after graduate school, graduate from an accredited graduate program in social work, complete three specified clinical social work courses in graduate school and complete 30 hours of continuing education including four hours of ethics education every two years.

Finally I would like to mention four amendments we are currently proposing to Senate Bill 246. First as discussed above, we are proposing an amendment to State Statute 51.30 (1) (b) to add licensed mental health professionals and licensed psychologists practicing outside an outpatient mental health clinic in order to protect the confidentiality of their client records. Secondly we are adding to 632.89 (1) (e) 4 A licensed mental health professional within the scope of her/his practice as permitted under chapter 457 and applicable administrative rules. This addition will be added to make the bill congruent with certain restrictions under our licensure law regarding substance abuse counseling. Third we are making a technical modification to Section 5, 632.89 (1) (dm) to clarify that licensed mental health professional does not mean individuals in training for the licensed marriage and family therapist or professional counselor certificate. Finally we have added a grievance procedure to State Statute 457.26 (2) with a cross reference to State Statute 51.61(5) (e)

Thank for your time and attention. We would be happy to answer any questions.

Sincerely yours

Marc Herstand, MSW CISW
Executive Director
NASW WI Chapter

Ruth Ann Berkholtz, LCSW, MSW
Chair, NASW WI Clinical Network

REQUIREMENTS TO BECOME A LICENSED CLINICAL SOCIAL WORKER IN WISCONSIN

1. Admission to a Council on Social Work Education accredited MSW program
2. Completion of a Psychopathology courses and at least two additional clinical courses as specified in the law
3. Completion of a clinical, psychotherapeutic, internship of at least 900 hours
4. Internship must be supervised by an MSW. Internship must include use of DSM diagnosis and use of psychotherapeutic interventions
5. Graduation from MSW program
6. Passage of state and national exam for Certified Advanced Practice Social Worker credential (CAPSW)
7. Completion of 30 hours of social work continuing education every two years including four hours of ethics and boundaries education
8. Completion of 3,000 hours of supervised clinical (psychotherapeutic) social work practice after completion of graduate studies and after receiving the Certified Advance Practice Social Worker Credential. Clinical work must include extensive experience in using the DSM manual and engaging in a variety of psychotherapeutic interventions. A licensed clinical social worker, psychiatrist or psychologist must supervise the 3,000 hours of clinical social work practice.
9. Submission of affidavit from supervisor regarding supervised clinical practice.
10. Interview with Social Workers Section if work experience, education or field placement does not clearly meet standards
11. Passage of national clinical social work exam

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January 24, 2008

TO:	Senate Committee on Health, Human Services, Insurance, and Job Creation
FROM:	Jeff Scanlan, Director, Bureau of Health Service Professions, DRL
RE:	SB 246

Senator Erpenbach, Senator Vinehout and the members of the Committee on Health, Human Services, Insurance, and Job Creation, thank you for the opportunity to testify on Assembly Bill 463. I am here today to provide informational only behalf of the Department of Regulation and Licensing.

We understand that a major objective of the proposed legislation discussed today is to increase patient access to qualified mental health therapists, and the DRL supports this effort. However, we also understand that what the NASW-WI is proposing as potential amendments to the bills in the areas of grievance procedures and consumer protection would significantly change the grievance process as it currently operates, and consequently affect the ways in which patient's rights are preserved and consumer protection is maintained.

If the treating therapist is an NASW member, the consumer can file a grievance with that association. If the professional is not an NASW member, the consumer can file a grievance with an "independent investigator," who the professional is required to have. The proposal is silent as the requirements or qualifications of the 3rd party investigator, timeframes or where the grievance may go at the end of the process.

Absent this, the DRL is the only remaining enforcement entity available to the consumer. Under the DRL's enforcement process, Department staff may investigate complaints against credential holders and may pursue disciplinary action against those individuals if there is evidence of a violation of the law. We advise individuals who file a complaint with the Department that they recognize that the enforcement process, by necessity, often takes in excess of a year, sometimes several, to reach conclusion. This span of time is required to screen complaints before a part-time panel of board members, conduct a thorough investigation, and if appropriate prosecute credential holder for violations of the law, which also means protecting and maintaining the rights of due process of those under prosecution.

As such, the Department's resources are strained in that we regulate over 110 professions, which include over 329,000 credential holders. Each year the Department receives approximately 2400, of which approximately 50% are opened for investigation. Each investigator holds approximately 100 cases at any one time and each DOE attorney has approximately 140 cases. This is not a short or uncomplicated process.

In closing, we would like to add that we are willing to work with the committee as well as the NASW and the Department of Health and Family Services in ensuring that consumer protection is maintained, however we would like to strongly advise the committee that the grievance procedure administered by DHFS is not the same as our enforcement process, and as such diminishing this procedure or changing it could have drastic effect on our department in terms of decreasing the pool of available resources utilizes by all of our 110 profession and it could weaken consumer protection.

Thank you again for the opportunity to testify on SB 246. I am happy to answer any questions you may have.

State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Kevin R. Hayden, Secretary

January 24, 2008

TO: Senate Committee on Health, Human Services, Insurance and Job Creation
FROM: Katie Plona, DHFS Legislative Liaison
RE: Senate Bill 246

Good morning. I'm Katie Plona, DHFS legislative liaison. With me today is Dan Zimmerman, who is a contract administrator in our Division of Mental Health and Substance Abuse Services.

Senator Erpenbach and committee members, thank you for the opportunity to testify on Senate Bill 246. I am here today for information only.

One of the stated goals of this legislation is to increase patient access to mental health professionals and mental health services, both in the Medicaid program and for the general population. DHFS supports this intent.

However, the Department has some concerns with changes the bill makes to protections in current law for patients accessing these services. These protections include patients' rights; a grievance process; coordination of care outside of a clinic setting and confidentiality of mental health records.

I would like to thank Senator Miller and Representative Bies, whose offices have been very willing to work with the Department to address our concerns. In November, Dan and I testified on the Assembly companion to this bill, AB 463. Since that time, we have had several conversations with their offices, mental health advocates and others about potential amendments to the bill.

The Department has several concerns with SB 246 as currently drafted that we believe can be resolved to make the bill workable for everybody affected by it.

1. One of the concerns with SB 246 is regarding the confidentiality of mental health records. Chapter 51.30 provides protection to a patient's treatment records. This statute references a patient's records kept by DHFS, a county or a treatment facility. Because SB 246 allows licensed clinical social workers to treat patients outside of a treatment facility, Statute 51.30 should be amended to add treatment records that independently practicing mental health professionals keep. This is a change to which all parties have expressed agreement and that we want to see in the final version of the bill.

2. Another concern with SB 246 is the term "supervision" in the bill. The bill language could be interpreted to mean that DHFS cannot require any type of oversight of licensed mental health professionals who continue to practice in a clinical setting. This is a significant change in policy. The stated intent of this legislation is to allow mental health professionals, namely licensed social workers, to practice outside of the clinical setting without supervision and to receive direct insurance and Medicaid reimbursement. But, this specific language takes things a step further and eliminates the Department's ability

to require clinics, hospitals and other facilities to provide certain oversight in their facilities.

3. I would like to share information about the fiscal note. The Department believes the changes in SB 246 will result in increased costs for the Medicaid program. When other "gatekeeping" requirements have been discontinued, such as when DHFS removed prior authorization requirements for certain services, costs increased anywhere from 250 percent to 600 percent. While we do not believe SB 246 will result in that large of increases, we do believe a conservative estimate of a 20-percent increase due to more access to services and greater utilization is appropriate. The Department estimates an annual increase in $1.5 million all funds, which would be $648,500 GPR.

   There are very few services in the Medicaid program that do not require a physician prescription. It is a basic principle of the Medicaid program. This makes it difficult to precisely develop a cost-estimate for SB 246. I know others disagree with the Department's fiscal note and contend that this bill will be cost neutral or create a cost savings to the Medicaid program. It is logical to assume some offset in costs, primarily from billing that occurs each time a physician sees a patient and refers the patient to a mental health professional.

   However, we do think any of those savings will be offset by the continued need for the mental health professionals affected by SB 246 to work with psychiatrists and physicians to ensure comprehensive care for their patients. In many cases, medications are part of the treatment for mental health and psychiatric conditions. These medications would require ongoing monitoring and reevaluation by psychiatrists or physicians.

   We have had discussions with the authors' offices about changing the effective date of the legislation to eliminate the fiscal impact in the current biennium. Although the Medicaid program is large in scale, we take seriously any unanticipated increases in cost, and we look forward to working with the authors and others invested in the legislation toward a resolution on this matter.

4. Lastly, current law in Chapter 51.61 and DHFS Administrative Rule 94 outlines the rights consumers have and the grievance process they can use if they believe a licensed mental health professional has violated their rights.

   Given the changes the in the bill, it is important that consumers have assurance that they have the same rights, confidentiality and confidence in a grievance process, irrespective of who is providing their psychotherapy services and where they receive their care.

   As currently drafted, SB 246 also would remove the grievance process that patients have when they are seeing a mental health professional in a treatment facility and the process would not apply to patients seeing that same professional who practices independently.

   There are four steps to the grievance process outlined in HFS 94. The first step is for the consumer to make a grievance to the provider. Whenever possible, the provider should resolve the grievance at that time. The consumer has the option of going through a formal or information resolution process. If the consumer and provider agree on some type of resolution, the process is complete.

If that does not occur, the provider refers the consumer to a client rights specialist who conducts an inquiry and determines whether the mental health professional violated the patient's rights and makes recommendations for changes to the provider.

If the provider rejects the client rights specialist's recommendations or the consumer remains dissatisfied, the consumer may request a review by the county department, if the county has arranged for services or pays for the services. The county then does a review and makes recommendations to the provider. Again, if the client is dissatisfied with the response or this is not a county-funded service, the client may file a request for review with the DHFS Client Rights Office.

If it is not resolved at this level, the patient may ask for the DHFS Division of Mental Health and Substance Abuse Services director to review the grievance.

The National Association of Social Workers proposes to amend SB 246 to address our concern and that of consumer advocates by building in a different grievance process than what currently exists in statute and in rule.

While we appreciate NASW's good faith efforts to work on this language, we continue to have concerns about removing the current grievance process because it works for consumers. The main concern the Department has with the NASW proposal is that it ultimately ends at the Department of Regulation and Licensing. DRL has stated several times that it cannot provide consumers with the same kind of grievance process that exists at DHFS. Additionally, the NASW proposal would offer a different grievance process for a consumer who sees a mental health professional who is an NASW member and a consumer who sees a mental health professional who is not. This has the potential to be confusing for consumers.

Although we do have confidence in the DHFS grievance process, we do not make these comments in a defensive manner. If there is an alternative that provides consumers with the same protections they currently have, we would support it. But, this begs the question of why should we try to recreate something that already exists?

This concludes my prepared remarks. Thank you again for the opportunity to testify on SB 246. Dan and I are happy to answer any questions you may have.

My name is Mary Nervig and I am a Licensed Clinical Social Worker in private practice in Milwaukee. I would like to speak briefly in support of Senate Bill 246, the Mental Health Access and Equity Bill.

First, I would like to speak to the duplication of regulation. Licensure was legislated for social workers and other mental health professionals based on recognition of the profession. I have been in practice as a social worker for than 30 years and like my colleagues in the field, hold to the Code of Ethics for my profession. This Code of Ethics is the practice standard which clearly meets and exceeds the oversight requirements of the Department of Health and Family Services. The Department of Regulation and Licensing is duly authorized to address problems of malpractice in the area of licensed practice. Clients already have the protection of the professional Code of Ethics combined with the oversight by the Department of Regulation and Licensing. It is an unnecessary duplication of services to have two state oversight bodies. The mandated mental health clinic structure is a now outmoded delivery model. It was important legislation when created more than 30 years ago to provide for professional practice of social workers and other mental health professionals. With licensure, it is an archaic and unwieldly structure that no longer meets the needs of current practice. To my awareness, as the past president of the Clinical Social Work Federation-Wisconsin, every other state in the country allows licensed mental health professionals to practice and to seek reimbursement from insurance companies within the scope of their licensure.

Second, in regard to the impact on small business, the rules promulgated by the Department of Health and Family Services for mandated mental health clinics are a burden on small business. My personal situation is an example of the financial burden when one chooses to practice in two locations more than 50 miles apart. I work in a private practice clinic in Milwaukee with a psychologist and pay the $350 annual fee for that clinic along with the accompanying business expenses of rent, phone service, local property taxes, etc. I have recently moved to Madison with my husband and would like to start a private practice here as well two days a week while maintaining my Milwaukee practice. To do so will require me to pay the additional $350 clinic fee and to duplicate all the requirements of the mandated mental health clinic rules in addition to the other business expenses. The additional time required to do documentation that often is superfluous and not relevant to a small private practice takes a toll and inhibits the time and energy that ought to be devoted to actual practice and attending to the development of expertise in my field of practice.

The situation is further complicated by the question of tax accountability. My tax accountant is equally confused by these questions. Two clinics means billing separately under each clinic which means two different TIN numbers from the IRS, complicating what should be a simple Schedule C tax return. This is clearly an unnecessary and complicated financial burden for a one-person small business.

Thank you for your time and consideration for this very important Access and Equity Bill.

Wisconsin Coalition of Behavioral Health Providers, Inc.
P.O. Box 615, Wausau, Wisconsin 54402-0615
715-842-3913

Testimony on Senate Bill 246
Before the Senate Health, Human Services, Insurance and Job Creation Committee
January 24, 2008

I represent the Wisconsin Coalition of Behavioral Health Providers, Inc. We want to comment on Senate Bill 246. The primary purpose of this bill is to allow licensed master level mental health providers vendorship in a sole or group private practice. Currently many insurance companies require these providers to work in an outpatient mental health clinic certified by the Wisconsin Department of Health and Family Services.

During the last three years, the Wisconsin Coalition has been working closely with DHFS in updating the administrative rule for the 800 plus certified clinics in Wisconsin. This year we have also included the Wisconsin Department of Regulation & Licensing, Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board. We recently agreed on a final draft that will be going to the Assembly and Senate likely this spring.

We recommend your committee consider SB 246 in relationship to the revised DHFS administrative rule for outpatient clinics. It is the goal of the Wisconsin Coalition to allow consumers and providers, who are small business owners, to have the option of providing mental health services either in a private practice or a certified outpatient mental health clinic. Thus, SB 246 needs to be amended so it does not interfere with the new administrative rule.

We recommend your committee consult with DHFS, DRL, NASW-Wisconsin Chapter, and the Wisconsin Coalition to determine how best to amend SB 246.

It has always been the purpose of the Wisconsin Coalition over the past thirty years to equally represent the three disciplines relative to master level behavioral health providers: marriage and family therapy, professional counseling, and social work. We will support SB 246 if it allows for both certified outpatient mental health clinics and private practice, and all three disciplines equally represented.

Don Norman on behalf of the Wisconsin Coalition

Wisconsin Association for Marriage and Family Therapy
Wisconsin Association of Behavioral Health Services
Wisconsin Counseling Association
Wisconsin Mental Health Counseling Association

Burelbach Psychotherapy, LLC

505 KING STREET, SUITE 25, LA CROSSE, WI 54601 PHONE: (608) 796-1880 FAX: (608)796-2155

Senate Bill 246 Public Hearing
Testimony of Support
January 24, 2008

Burelbach Psychotherapy, LLC: I moved to Wisconsin in 2001 after having practiced as a clinical social worker in three other states: Ohio, Illinois and Tennessee. I dreamed of starting a private practice for years, and it was finally my chance to fulfill that dream. You can imagine my shock when I learned that my clients and I were not guaranteed the same right to insurance coverage that my competition, the Department of Health and Family Services certified clinics were given. As a Licensed Clinical Social Worker, I have the right to practice independently. Senate Bill 246 will give me a chance to have a successful business by allowing me to compete with my local DHFS clinics on equal ground.

Duplication of Regulation: My private practice operates under Department of Regulation and Licensing standards. DRL is my governing body just as it is for licensed physicians and psychologists. According to Wisconsin law, I can independently diagnose and treat through psychotherapy mental and emotional disorders. I should have the same right to insurance reimbursement and my client should have the same right to insurance coverage whether I am treating that client in a DHFS certified clinic or whether I am treating that client in a private practice setting. At this time, my clients and I are only guaranteed the right to the mandated insurance coverage if I am practicing in a DHFS certified clinic. It is entirely unfair to independent practitioners and to their clients to tie insurance benefits to a certified clinic system.

Consumer Protection: Wisconsin Consumers are protected when Licensed Clinical Social Workers are operating outside of the Department of Health and Family Services clinic system. Licensed Clinical Social Workers are regulated through the Department of Regulation and Licensing Codes and by the Mental Health Act. Furthermore, insurance companies have their own quality assurance standards that practitioners must follow. Senate bill 246 is about inclusion for Licensed Clinical Social Workers and for their clients in the mandated insurance coverage. Issues of regulation of practice were addressed in 2002 when clinical social workers were licensed to practice independently.

Private Practice Benefits: Private practitioners are a benefit to the community. They typically offer a more private and confidential setting for their client. This makes a difference to people who do not wish to wait in a crowded waiting room. The community is in need of our services. There are many organizations who seek to contract services from private clinicians. However, these practitioners are difficult to find as they are locked in the clinic system. Opening the door to competition opens the door to creativity and innovation and the community benefits. It increases access to consumers and it increases consumer choice.

Burelbach Psychotherapy, LLC

505 King Street, Suite 25, La Crosse, WI 54601 Phone: (608) 796-1880 Fax: (608)796-2155

The Mandate: Senate Bill 246 is **not** asking for an increase in the insurance mandate. Insurance companies are already mandated to provide this coverage. Senate bill 246 includes Licensed Clinical Social Workers and their clients in the right to insurance coverage outside of the DHFS clinic system.

Summary: I ask for your support for Senate Bill 246 which simply amends the current insurance mandate to include Licensed Clinical Social Workers and other licensed mental health professionals so that we as private practitioners operating under our license have the same right to insurance revenue as a DHFS certified clinic. Senate Bill 246 would also allow for the Wisconsin consumer to have choice and increased access to practice settings and to providers.

Jennifer L. Burelbach
MSSA, LCSW

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January 24, 2008

Sen. Jon Erpenbach and members of the committee
Wisconsin Senate Committee on Health
State Capitol
Madison, WI

Re: Senate Bill 246

Dear Chair Erpenbach and committee members:

I am a citizen of the State of Wisconsin and a Licensed Clinical Social Worker who practices independently in a small state certified mental health clinic. I have done so for over 25 years. I am in complete support of Senate Bill 246, the Mental Health Access and Equity Bill. As you know, this bill modifies WI Statute 632.89., eliminating duplicative and unnecessary regulation of licensed clinical social workers, licensed professional counselors and licensed marriage and family therapists in our state.

This bill will increase access to services for Wisconsin consumers. Licensed clinical social workers and other master level psychotherapists are low-cost providers of mental health services. Undue regulation has driven small clinics out of business, which is especially a problem in underserved areas of the state. My own clinic has been in danger of losing some of the providers who are MD's or PhD's, and who are not bound by the requirement to practice in a state certified clinic in order to receive mandated reimbursement for services.

In addition, Wisconsin consumers should have access to a variety of settings, including smaller clinics, not just larger, more impersonal corporate-run clinics or public funded facilities. Senate Bill 246 will especially be helpful in making services available to poor, working class and middle income citizens, who must rely on insurance or Medicaid reimbursement. They will be able to use their insurance to pay for providers in the type of setting that best fits their needs.

As a small business owner, I have felt unduly burdened by the oversight and micromanagement of the Department of Health and Family Services, with requirements, including unnecessary documentation, which not only fail to benefit my clients, but in fact, burdens them as well. I have decades of experience and am a licensed professional. This double oversight by two state agencies has felt discriminatory, since other disciplines (licensed psychiatrists and psychologists) have never been required to practice in certified clinics in order to be eligible for the mandated insurance coverage specified in

632.89. Now that clinical social workers and other master's level providers are also licensed under DRL, they deserve the same rights to practice.

In addition to my direct practice, for many years I have also been a UW lecturer and supervisor of social work graduate students. I am well aware that Wisconsin loses promising new professionals because of the obstacles to practicing here. Colleagues who move to Wisconsin from other states have expressed shock and discouragement at the obstacles to practice in this environment of excessive and costly dual regulation. Some have moved on to other states specifically for this reason.

Obviously, it is more costly to our state to duplicate oversight and regulation by two agencies. At the same time, the new bill will NOT expand the mandated benefits. There will be no increased costs to insurance companies who are already mandated to reimburse mental health professionals. There will simply be more access to services by consumers and relief to Wisconsin business owners who up until now have shouldered the burden of excessive regulation by DHFS. The new bill will also update Medicaid rules to reflect current clinical practice.

This bill will decidedly help my small business, which includes me and 16 other practitioners. On behalf of Wisconsin mental health consumers and small business owners, I urge you to pass SB246.

Thank you for your attention to this matter of critical importance to our citizens.

Sincerely,

Carol Faynik, MA, LCSW

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January 23, 2008

Jon Erpenbach
Chair, Senate Committee on Health, Human Services, and Job Creation
State of Wisconsin Senate
Madison, WI 53702

Dear Senator Erpenbach,

On behalf of all the clinicians listed on our letterhead, I am writing in support of Senate Bill 246. Madison Psychiatric Associates is the oldest independent mental health clinic in Wisconsin and has almost a 55-year history of providing high quality care. All of our clinicians must be licensed to the highest level of their respective disciplines. As one of the eight current partners in this small business enterprise, I share responsibilities for the operation of our clinic; our budget of approximately 1.5 million dollars is based entirely on our own revenue. We work with dozens of insurance companies, including Medicare and Medicaid, and must have high quality management information systems as well as high quality clinical care in order to survive in a highly competitive marketplace.

In the relatively recent past, all of our Masters prepared social workers became fully licensed as independent practitioners by the Department of Regulation and Licensing. Prior to that, they were required to practice under the supervision of an M.D. or Ph.D. and in a certified outpatient clinic in order to collect third party reimbursement. The Department of Health and Family Services monitored that supervisory process. Because of that process many other standards were also implemented and regularly monitored by the department. Even though since then all of our clinical social workers are now fully licensed, the Department of Health and Family Services still wants to regulate much of what we do. That regulation requires compliance and, as you well know, compliance requires TIME; TME to discuss forms; TIME to monitor forms; TIME to deal with problems of forms being done incorrectly; TIME to report on how all of the above is going. All of this TIME takes away from providing direct service to our clientele. In other words, it is an expense devoted primarily to paperwork and forms, which does nothing to improve

5534 MEDICAL CIRCLE MADISON, WI 53719-1298

our quality or competitive edge. We are in a highly competitive, rapidly changing industry. We spend way too much TIME discussing, designing, re-designing, implementing, and internally monitoring the policies and procedures imposed by the state. We need to spend that TIME capturing more of the market share to survive. Creativity and competition are vital for entrepreneurship and they also require TIME.
Because of our clinic's prestige in the Dane County marketplace, we have contracts with Dean Care, Physicians Plus, and Unity Health Plans. In addition, we have contracts with other managed care organizations. All of these health care businesses require us to maintain certain standards, which include a strong appeal process if one of our patients is dissatisfied with our service. This appeal process will continue regardless of the State's requirements. This is duplicative.

On behalf of all of the clinicians at Madison Psychiatric Associates as well as the many other mental health clinics in the state, the vast majority of which function as small businesses, I urge you to pass Senate Bill 246.

Sincerely,

Thomas A. O'Connor, LCSW
President Elect, Madison Psychiatric Associates
Madison, Wisconsin

CSWA
Clinical Social Work Association
The Voice of Clinical Social Work

1/24/08 Senate Hearing SB 246

November 16, 2007

Carolyn Moynihan, LCSW, President
Wisconsin State Society for Clinical Social Work
8283 N. Riley Road
Verona, Wisconsin 53593

Dear Ms. Moynihan:

Thank you for the opportunity to comment on Assembly Bill 463 (Senate Bill 246) currently being considered by the Wisconsin Assembly. The Clinical Social Work Association has had a great deal of experience in working on licensure laws and rules which affect the practice of clinical social work. CSWA, the only national association dedicated to representing the interests of licensed clinical social workers, with members in every state, will provide comments on the major provisions of AB 463 in the context of other state laws which address the issues of independent clinical social work practice and Medicaid providers.

There are 200,000 licensed clinical social workers (LCSWs) in the country (Association of Social Work Boards, 2003) who provide the largest portion of mental health treatment of any single mental health discipline (between 40-50%, SAMHSA, 2003, and NASW, 2001.) Approximately 6000 of these LCSWs are not allowed to practice independently outside of a mental health clinic, those in Wisconsin and Michigan. During the past 20 years, the overwhelming majority of states have recognized that clinical social workers have the training and expertise to have their own licensure laws, Boards, supervision, and disciplinary standards without the need for oversight by other professions.

As examples of the effectiveness of clinical social workers, I would like to mention two articles in *Consumer Reports*, "Drugs and Talk Therapy," October, 2004, and "Does Therapy Help?", November, 1995. These articles surveyed about 4000 consumers for each article about their experiences in mental health treatment. Among other findings, these articles showed that the successful results of consumers in psychotherapy and counseling with clinical social workers were on a par with the results consumers had with psychologists and psychiatrists, and better than the results with other mental health professionals (CR, 1995.) As an aside, the articles also showed that mental health treatment works, with greater benefit coming from greater time in treatment, and a combination of medication and mental health treatment being more generally effective than medication alone (CR, 2004.)

The ethical standards of clinical social workers are among the highest of any mental health profession, reflected in the rate of actionable complaint against clinical social workers (.9%, or less than one percent, ASWB, 2006) across the states. This statistic is meaningful in Wisconsin because most clinical social workers in other states are not in clinics or required to be supervised by any other mental health professional. The

requirement in Wisconsin law which has forced clinical social workers to be in certified clinics to be reimbursed by insurers is a barrier to treatment which CSWA believes harms Wisconsin citizens who could benefit from the mental health treatment provided by licensed clinical social workers independently. For these reasons, CSWA strongly supports Section 1(30g) of AB 463 which would allow licensed clinical social workers to practice independently without supervision and be reimbursable by insurers.

One of the primary insurers in Wisconsin is the Medical Assistance program. AB 463 also addresses the right of Medicaid enrollees in Medical Assistance to be treated by licensed clinical social workers. Currently LCSWs may treat MA-covered beneficiaries only under supervision in certified clinics. This represents a significant barrier to treatment which can lead to increases in medical conditions, lack of ability to work, absenteeism, domestic violence, and other social problems. While there may be a temporary increase in cost if beneficiaries are given the services they need, the decreases in health care costs overall, corrections costs, and more productivity in the workplace more than make up for these costs. Mental health disorders require mental health treatment and medication alone cannot adequately treat these disorders. Therefore, the CSWA recommends the inclusion of LCSWs as independent reimbursable Medical Assistance providers, which at least 25 other states, including Illinois and Minnesota, have in place.

Wisconsin's tradition of populism and citizens' rights is perfectly in line with AB 463. The CSWA hopes your legislature will consider the important role being played by LCSWs in Wisconsin and give them the right to be independently reimbursable, in public and private systems. Most states recognize the skills of LCSWs as an important component in the development and implementation of mental health policy and systems. I would be pleased to discuss AB 463 further with your legislators and/or other stakeholders if this would be useful. Please send my regards to all the fine clinical social workers in the Wisconsin State Society for Clinical Social Work.

Sincerely,

Laura W. Groshong, LICSW (virtual signature)

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CSWA
Clinical Social Work Association
The Voice of Clinical Social Work

1/24/08 Senate Hearing / Senate Bill 246

Summary of CSWA Position on Wisconsin Assembly Bill 463

November 20, 2007

Laura Groshong, LICSW, Director, CSWA Government Relations

The Clinical Social Work Association is pleased to offer the following summary of our comments on Assembly Bill 463 being heard by the Wisconsin Assembly Committee on Health today.

- 49 other states and jurisdictions do not require licensed clinical social workers to have additional oversight, i.e., 'certified clinics,' besides becoming licensed to practice independently; LCSWs provide 40-50% of all mental health treatment in the country (SAMHSA, 2001, Bureau of Labor Statistics, 2005)

- Clinical social workers are qualified to diagnose all disorders in the Diagnostic and Statistical Manual-IV-TR, treat all disorders which can be treated through psychotherapy or counseling, and refer to physicians and other providers for other needed services (Social Work Licensure Laws in 40 states and jurisdictions)

- Clinical social workers have provided successful treatment results on a par with psychologists and psychiatrists (*Consumer Reports*, 1995, 2004)

- Clinical social workers have one of the lowest actionable complaint rates of any mental health discipline, less than one percent of all 200,000 licensed clinical social workers, across the Unites States (Association of Social Work Boards, 2006)

- Clinical social workers are providers for Medicaid enrollees in about half the states and thus reduce health care costs overall, corrections costs, and inability to work which occur when mental health services are not available (President's New Freedom Commission on Mental Illness, 2003) Temporary increased usage of mental health services will be offset by reductions in hospitalization and corrections costs.

SB 246

The Clinical Social Work Association supports AB 463 and the ability of Wisconsin's licensed clinical social workers to work independently in private practice and public systems.

COMMENTS ON SENATE BILL 246
January 24, 2008

I am a licensed clinical social worker with 40 years of practice experience. I am here to support SB 246 because it serves the public interest. I represent only myself, not NASW or any other organization. I spent 17 years of my career directing public mental health agencies serving populations of 100,000 or more. For four years, I managed an HMO health center with its own laboratory, pharmacy, radiology, and outpatient surgery department. That center had 26 multi-specialty physicians who served 27,000 HMO members. I handled all member complaints and sat in on medical peer review meetings. For six years preceding my retirement, I directed an integrated health and counseling service on the University of Wisconsin-Whitewater campus.

I speak therefore from a close working knowledge of both physical and mental health care, the economics of health care, and the roles various health care professionals play in rendering patient care.

I support SB 246 for the following reasons:

1. This bill allows Wisconsin residents to receive services from any licensed mental health provider and have it covered by their insurance. Such freedom is very important. Therapist-patient rapport is the most important variable for treatment success. Under SB 246, Wisconsin residents can choose a mental health provider with whom they feel comfortable, knowing that the professional they are seeing is licensed by the State to do what they were trained to do.
2. This bill eliminates costly and unnecessary duplicate regulation by the Department of Health and Family Services. The Department of Regulation and Licensing has been given that responsibility and has a well-managed process in place to assure the competency of persons licensed for independent practice.
3. This bill makes Wisconsin workers more efficient and productive because more residents will have opportunity to resolve mental health problems that interfere with their work. When employers are forced to terminate employees debilitated by mental illness, Wisconsin tax payers pick up the cost of providing social and rehabilitation services.
4. This bill eliminates the requirement that Medicaid clients be referred by a physician to be eligible for mental health coverage. That means Medicaid will no longer spend money to handle protocol but to provide health care services.
5. This bill brings Wisconsin in line with current practice in the mental health field. Psychiatrists, psychologists, clinical social workers and counselors work collaboratively, each contributing from their formal training and acquired expertise. Most mental health professionals develop special interests and expertise that they share with colleagues of every discipline. Licensing means what it is: affirmation that a professional is qualified to perform within their field of expertise. For that reason, <u>all</u> mental health therapists licensed for independent practice should receive equal access to insurance reimbursement for their services.

Some people view mental health services as an unnecessary cost. Having spent ten years managing integrated physical/mental health services, I can attest that medical and mental health care are interdependent. I have seen physicians almost routinely refer non-compliant patients to mental health therapists, especially patients who go into repeated medical crisis requiring hospitalization. Individuals experiencing chronic medical conditions often stop taking medications because the medication is a daily

reminder of an illness they want to go away. Physicians know they can increase compliance and reduce hospitalization by using mental health therapists to resolve the emotional issues experienced by the patient.

We all want to control health care costs, but the place to start is to reduce need for hospital-based care. Outpatient mental health care is a very effective, low-cost remedy compared to the cost of two or three days in intensive care. What makes better use of financial resources: $20,000 spent for a hospitalization or $2,000 spent for treatment that could avoid multiple hospitalizations? SB 246 makes cost control more possible by making mental health services more accessible.

In my view, Senate Bill 246 is, at worst, cost neutral and will at best save employers and taxpayers money. It will not only improve quality of life but make our residents more productive in their work. That adds tax revenues. Our present practice of limiting access to appropriate mental health services adds to taxpayer expense.

Based on my professional experience, SB 246 is long overdue.

John F. Macek

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Wisconsin Coalition of Behavioral Health Providers, Inc.
P.O. Box 615, Wausau, Wisconsin 54402-0615
715-842-3913

Testimony on Senate Bill 246
Before the Senate Committee on Health, Human Services, Insurance and Job Creation
January 24, 2008

Good morning, Mr. Chairman and Members of the Committee. My name is David Dropkin. I hold a masters degree in counseling, am a licensed professional counselor and a licensed marriage and family therapist. I own and operate an outpatient mental health and addiction treatment clinic located in Brown Deer. I am also the current President of the Wisconsin Association of Behavioral Health Services (WABHS). WABHS is the only statewide organization that represents the interests of mental health and addiction treatment clinics in Wisconsin

As part of my duties as the president of WABHS I serve as our representative to the Wisconsin Coalition of Behavioral Health Providers, Inc., an umbrella organization whose other members are the Wisconsin Association for Marriage and Family Therapy, the Wisconsin Counseling Association, and the Wisconsin Mental Health Counseling Association. We are behavioral health professionals all licensed by the Department of Regulation and Licensing under Chapter 457 of the Wisconsin Statutes.

I come before you today to comment on SB 246. The intended purpose of the bill in my view is to enable licensed mental health professionals to be paid directly by third party payors. Currently as you may be aware third party payors are not required to pay directly to masters level clinicians for outpatient mental health and addiction services they provide. According to Wisconsin Statute 632.89 (1)(e) licensed mental health professionals are not listed under the definition of outpatient services and so are not eligible for direct reimbursement by third party payors. The bill you are considering today would, among other things, list licensed mental health clinicians under the definition of "outpatient services".

As an organization WABHS is made up of clinics from both rural and urban areas. Both small clinics that have a few providers and large clinics that are part of statewide organizations are included. As such we have not reached a single consensus regarding the passage of this bill. We see this as being a complex issue that should not be considered quickly or without through review.

I feel confident in saying that our members support third party payment, or "vendorship." We think Senate Bill 246 will allow third party payors more flexibility in securing outpatient mental health services for their subscribers. If enacted, the bill could potentially lower clinic operating costs and increase patient access to services.

However, as a clinic owner and provider I have serious concerns regarding the limitations that this bill will place on the State of Wisconsin Department of Health and Family Services. My objections center on page 3 lines 1, 2, and 4. Under these Medical Assistance provisions, DHFS is prohibited from requiring patient referrals, provider supervision, and service delivery in a state certified clinic. I believe that these prohibitions will place a large number of patients at risk. These patients, those receiving services through the state Medicaid program, often pose more complex problems and as such are more vulnerable and may not be as "system savvy" about how to redress grievances or report irregularities in their treatment as

other patients might be. Filing complaints with the Department of Regulation and Licensing may eventually result in a provider licensure revocation, but DRL is not the patient protection enforcement agency that we think may be needed in this area.

Another major concern is that the prohibitions in this legislation dictate to DHFS how to run the Medicaid program. These prohibitions will not apply to other third party payors. I feel that it is not the role of providers, as much as we may want to, to dictate to third party payors how they should run their business. The same way I do not want the third party payors to tell me how to run my clinic. I do support making it possible for all licensed mental health clinicians to receive direct payment for the work they do.

We have suggested to the NASW and patient advocacy groups an amendment to the bill that would satisfy our concerns. In Section 1, page 3, replace the phrase "the department may not require" with "the department may waive..." These amendments would allow the department to enable providers to be paid outside a clinic environment if the DHFS so chooses. There is reason to have this flexibility since access to treatment is a serious problem for MA and other patients in underserved areas. If the department can waive portions of the Medicaid regulations, greater access to services may occur.

We recognize that this suggestion may not resolve the concerns of all parties, but we welcome working with other groups on alternative solutions.

Until these concerns are addressed, we cannot fully support SB 246.

Thank you Mr. Chairman and Members of the Committee for the opportunity to speak to you today.

Testimony
SB246
Thursday, January 24, 2008, 10:00 AM
Health and Human Services Committee
400 SE

Dear Senator Erpenbach and Members of the Health and Human Services Committee,

My name is Donna Ulteig, and I have been a private practice clinical social worker in Madison for over 22 years. I am a partner in a small business mental health clinic called Psychiatric Services, SC, a business that employs psychologists and psychiatrists as well as clinical social workers. The 3 licensed clinical social workers in the practice (two others besides me) have a total of over 50 years of clinical experience. Our current group of 17 has experience in the hundreds of years.

To me and to my social work colleagues SB 246 is a "no brainer," a long overdue legislative change. We are very experienced mental health professionals, licensed by the Department of Regulation and Licensing to practice independently. Unlike the other licensed and experienced mental health professionals in our clinic, we cannot bill third party payers unless our clinic has gone through a certification process conducted by the Department of Health and Human Services. This certification process requires evidence that we are being supervised, in contradiction to our licensure. Moreover, there is NO evidence that this certification process results in improvement in treatment quality.

This requirement, established long before our profession was licensed, represents a costly duplication for the state and for our individual clinics. While I certainly am not qualified to determine the amount of money now expended because of DHFS staff time involved in dual regulation, as chair of our Quality Assurance Committee I am qualified to tell you how much this certification process cost our clinic. If we calculate the $350 biannual charge, the cost of supervision, lost revenue because of time spent in supervision, and monthly committee meeting time to make certain we meet the credentialing requirements we are talking $45,000/year, not small potatoes to our small business.

It is only good business for our clinic to decide for itself how it will maintain quality. After all, we are subject to scrutiny and site visits from Medicare, medical assistance, HMO's and other private sector fee for service plans that could choose to cut us off financially should we choose not to maintain the standards they establish. I am saying this by way of demonstrating that this dual regulation is unnecessary, and not in any way to denigrate the dedicated DHFS people who do this work.

I also notice that other professional clinics are free of this dual regulation. Can you imagine the state telling a law office how to operate before the attorneys are allowed to bill for services? We are a group of experienced mental health clinicians and we deeply respect our clients' rights for confidentiality, expert assessment, ongoing input into

treatment plans, and high quality state of the art mental health treatment
So, it is no wonder that we are miffed that we have to go through this expensive, unnecessary, duplicative process without concomitant results. What is wrong with this picture!

In rural areas, poor persons needing treatment for mental illness also suffer. Licensed Clinical Social Workers and other licensed mental health professionals seldom set up practice in these areas because they cannot afford to become a certified clinic. Masters level mental health professionals are the low cost (But, interestingly, not poor outcome) clinicians, but MA clients do not have access to these providers because of how costly it is to the providers. The controversial estimate to correct this problem projects that the cost will involve mega bucks--$600-700,000??? Now, I think the jury is still out. But, if there are that many unserved people in rural areas, isn't it about time that they have access to treatment. Would we tolerate that many people not having access to other health services?

So, if this bill were passed, small business clinics and mental health clients will win. Who will lose? Will the taxpayers lose because of increased health care costs due to increased access? We can study this matter for your satisfaction and defer the financial portion until 2009 if that is a roadblock.

Thank you for your time,

Donna M. Ulteig, LCSW, ACSW, DCSW
Clinical Social Worker
Psychiatric Services, SC
2727 Marshall Ct.
Madison, WI 53705

246

I am SUPPORTING AB 463 - to give licensed mental health professionals similar respect and independence -as all other licensed professionals have regarding the running of their own practice.

I have run a small state licensed clinic for 24 years in Madison, Wisconsin. I have always passed the Department of Regulations standards and have not ever received citations or complaints. Before coming here, I had been in private practice in Washington, D.C. I saw clients on my own and with the Human Sexuality Institute (30 years in practice). I am a licensed marriage and family therapist, licensed clinical social worker and certified sex therapist. I collaborate and consult on a regular basis with many other professionals and have many subspecialty areas in mental health. I have provided a valuable service in my small practice affording clients the privacy they deserve for often very personal concerns.

Over the years, to maintain my clinic status, I needed to retain a psychiatrist that was very **costly** and often unnecessary as my specialties were different than his. I often had him see clients only as a formality to meet the requirements which was sometimes an invasion of my client's privacy- as is having state personnel workers come to look at our records which should be entirely confidential. A person starting a clinic today would pay in between $8-9,000 for the years I have been in practice to have the state oversee their clinics. I do not benefit from the reviews, nor do my clients. The proposed new rules, adding more scrutiny and requirements were excessive and paternalistic. Some of the requirements were leading to drumming long term practitioners like me or some of my colleagues out of business. What or who does that serve? My husband has been a licensed chiropractor for 25 years and never has he had to stop his practice for someone to come and look at his records or how he conducts his practice. I believe the state should be available if there is there is a complaint filed like in any other field. They could offer trainings or make up possible guidelines in a handbook- especially for new practices that might want to benefit from the experience of others. Taxpayers don't need the additional cost of over – regulating already licensed practitioners. Outcome studies have shown that a key ingredient for success in therapy is the relationship between the therapist and client, not necessarily the type of therapy or the amount of paperwork that is done in a prescribed way.

I have decided not to be part of a larger clinic for many reasons and at this time part-time practice is best for me raising children and having other family obligations. I offer a unique set of skills that required many years of devoted training and dedication to my clients, colleagues and this community as a therapist, consultant, trainer and teacher. My clients appreciate being able to use their insurance when it appropriately covers therapy or many pay out of pocket.

I support AB463- it is time to pass it -lessening the burden on taxpayers and individual practitioners or independent groups of therapists practicing according to their abilities, specialties and for the needs of their clients. Consumers can choose services that suit them. Thank you for considering my view point .

Sincerely,

Cara Hoffert Arboretum Counseling Center 921 Chapel Hill Rd. Madison, Wisconsin 53711 608 276-0111